



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000112664														
1. Entity Name TOOTIE GREENS RESTAURANT INC.														
Principal Place of Business 3210 ROOSEVELT BLVD JACKSONVILLE, FL 32205	Mailing Address 3210 ROOSEVELT BLVD JACKSONVILLE, FL 32205	 04112007 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number 01-0841747</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 01-0841747	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
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DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent UFFELMAN, LOYD E 2820 SELMA ST JACKSONVILLE, FL 32205		DO NOT WRITE IN THIS SPACE												
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinitiating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>														
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees												
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>P UFFELMAN, LOYD 3210 ROOSEVELT BLVD JACKSONVILLE, FL 32205</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UFFELMAN, LOYD 3210 ROOSEVELT BLVD JACKSONVILLE, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <i>Loyd E. Uffelman</i> - Loyd E. Uffelman 4/26/07 (904)388-1631 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>														